

INDUSTRIAL COMMISSION OF ARIZONA

Instructions. Print and fill out this form, then do one of the following:

Mail it to: Industrial Commission of Arizona, ATTN: Labor Dept, P. O. Box 19070, Phoenix, AZ 85005

FAX it to: (602) 542-8097

Call it in to: (602) 542-4515

PUBLIC COMPLAINT REFERRAL REPORT

1. Date: _____		2. CL No.: _____	
3. Business Name: _____ Corporation: _____ Franchise: _____			
4. Address: _____		Phone: _____	
City: _____ State: _____		Zip Code: _____	
5. Type of Business: _____		6. Number of Employees: _____	
7. Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government Agency <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/>		8. Name of Principals (s) Owner(s): _____ Manger(s): _____ Supervisor: _____	
9. Referred by: <input type="checkbox"/> ADOSH <input type="checkbox"/> Compliance Agency <input type="checkbox"/> Other Govt. <input type="checkbox"/> Legal Dept. <input type="checkbox"/> Citizen <input type="checkbox"/> Special Fund <input type="checkbox"/> Media		10. Date Received: _____	
12. <u>Possible violation description</u> (Include specifics, e.g. name (s) and age (s) of youth (s), work site, type of possible violation, etc.): _____ _____ _____ Youth's Name: _____ Age: _____ D.O.B. _____ Address: _____ City: _____ State: _____ Zip Code: _____ Work Phone No.: _____ Home Phone No.: _____ Duties: _____		11. Type of Contact: <input type="checkbox"/> Field Visit <input type="checkbox"/> Compliance <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other	
13. <u>Occupation Violation:</u> <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Serious <input type="checkbox"/> Other <input type="checkbox"/> No Longer There		14. <u>Hours Violation:</u> <input type="checkbox"/> Very Serious <input type="checkbox"/> Serious <input type="checkbox"/> Other <input type="checkbox"/> No Longer There	
15. Potential Witness (es) (Include name, location, affiliation, telephone number): <input type="checkbox"/> Anonymous (Keep confidential) Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Work Phone No.: _____ Home Phone No.: _____			
16. <u>Inspection Planned?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		17. <u>If yes, priority?</u>	
19. <u>Send letter?</u> <input type="checkbox"/> Yes <input type="checkbox"/> Take With <input type="checkbox"/> No <input type="checkbox"/>		20. <u>Date:</u>	
22. Other Information: _____ _____ _____ _____		21. <u>Response due:</u>	
23. Investigator: _____ Date: _____		24. Supervisor: _____ Date: _____	